

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
E9/756097 FILING DATE
01-08-01

APPLICANT(S)

12/27/01 2/15/02 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9	/		/			
10	/		/			
11		/		/		/
12		/		/		/
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14	/		/		/	
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18		/		/		/
19	/		/		/	
20	/		/		/	
21		/		/		/
22		/		/		/
23	2		2		2	
24	/		/		/	
25	/		/		/	
26		1		1		1
27	2		2		2	
28	/		/		/	
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47						
48						
49						
50						
TOTAL IND.	11		11		11	
TOTAL DEP.	19	←	19	←	19	←
TOTAL CLAIMS	30		30		30	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS	30		30		30	